

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

Florida Farm Bureau Federation FedPAC

ADDRESS (number and street)

5700 SW 34 Street

☐ (Check if address is changed)

Gainesville

FL

32608

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)

becky.barclift@ffbf.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)2. DATE 

M	M
0	3

 / 

D	D
2	6

 / 

Y	Y	Y	Y
2	0	0	9

3. FEC IDENTIFICATION NUMBER

C C00283572

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer **Robert Richardson**Signature of Treasurer Electronically Filed by **Robert Richardson**

Date

M	M
0	3

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	0	9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)

## 5. TYPE OF COMMITTEE (Check One)

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
Candidate

Candidate  
Party Affiliation

Office  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

**Party Committee:**

- (d) ☐ This committee is a  (National, State  
(or subordinate) committee of the  (Democratic,  
Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☒ Membership Organization ☐ Trade Association ☐ Cooperative
- (f) ☐ ☒ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.	<input type="text"/>	FEC ID number	<b>C</b> <input type="text"/>
2.	<input type="text"/>	FEC ID number	<b>C</b> <input type="text"/>
3.	<input type="text"/>	FEC ID number	<b>C</b> <input type="text"/>
4.	<input type="text"/>	FEC ID number	<b>C</b> <input type="text"/>

Write or Type Committee Name

**Florida Farm Bureau Federation FedPAC**

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

**Florida Farm Bureau Federation**

Mailing Address

**5700 SW 34 Street****Gainesville****FL****32608**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

**Robert Richardson**

Mailing Address

**5700 SW 34 Street****Gainesville****FL****32608**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Treasurer**Telephone number **352** - **374** - **1571**

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer**Robert Richardson**

Mailing Address

**5700 SW 34 Street****Gainesville****FL****32608**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Treasurer**Telephone number **352** - **374** - **1571**

Full Name of  
Designated  
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SunTrust

Mailing Address

N Main Street

Gainesville

FL

32601

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Farm Bureau Bank

Mailing Address

PO Box 33427

San Antonio

TX

78265

3427

CITY ▲

STATE ▲

ZIP CODE ▲